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PTO/SB/50 (4/98)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	7413-1004
	First Named Inventor	Richard P. Welle
	Original Patent Number	5,760,394
	Original Patent Issue Date (Month/Day/Year)	06/02/98
	Express Mail Label No.	EL 380511715 US

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(check applicable box)

APPLICATION ELEMENTS		ACCOMPANYING APPLICATION PARTS	
1.	<input checked="" type="checkbox"/> * Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7.	<input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
2.	<input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)	8.	<input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
3.	<input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	9.	<input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
4.	<input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)	10.	<input type="checkbox"/> * Small Entity Statement(s) <input checked="" type="checkbox"/> Statement filed in prior application, (PTO/SB/09-12) Status still proper and desired
5.	Original U.S. Patent <input checked="" type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. § 1.178) (PTO/SB/53 or PTO/SB/54) or <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)	11.	<input type="checkbox"/> Preliminary Amendment
6.	Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12.	<input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
(If Yes, check applicable box(es))			
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54)		13. <input type="checkbox"/> Other:	
<input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney		NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).	

14. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label			or <input checked="" type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)	
Name	Jon E. Hokanson				
Address	SMALL LARKIN, LLP 10940 Wilshire Boulevard, 18th Floor				
City	Los Angeles	State	CA	Zip Code	90024
Country	US	Telephone	310-209-4499	Fax	310-209-4450

NAME (Print/Type)	JON E. HOKANSON	Registration No. (Attorney/Agent)	30,069
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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

7413-1004

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
A) 24	Total Claims (37 CFR 1.16(j))	(B) 39	**** 15 = x \$ 9 = 135			or x \$ =	
FG 6	Independent Claims (37 CFR 1.16(i))	(D) 14	* 8 = x \$ 39 = 312			x \$ =	
Basic Fee (37 CFR 1.16(h))				\$ 345			\$
Total Filing Fee				\$ 792	OR		\$

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	x \$ =		or x \$ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ =		x \$ =	
Total Additional Fee				\$		OR		\$

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 19-2500.
A duplicate copy of this sheet is enclosed.
- A check in the amount of \$ 792.00 to cover the filing / additional fee is enclosed.

May 24, 2000

Date



Signature of Applicant, Attorney or Agent of Record

JON E. HOKANSON

Typed or printed name